

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
ELECTRICAL BUREAU
1090 EAST WATERTOWER STREET
MERIDIAN ID 83642

CONTINUING EDUCATION FOR ELECTRICIANS

APPLICATION FOR COURSE APPROVAL

COURSE:

Title: _____ Open To Public? ☐ Yes ☐ No
Actual Hours of Instruction: _____ Cost: \$ _____ Online/Correspondence: ☐ Yes ☐ No

CERTIFICATE ISSUED BY:

Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
Contact Person: _____ Telephone _____ Fax _____
Email Address: _____ Web address: _____

INSTRUCTORS:

Name: _____ Date Approved _____
Name: _____ Date Approved: _____

(NOTE: Additional documentation may be attached to this application.)

COURSE OUTLINE: (Please attach or give a general description of the course, including specific Electrical Code articles referenced)

SCHEDULE OF CLASSES: (Including locations, dates, and times)

MATERIALS/VISUAL AIDS: (Include texts and references)

ATTACH COPIES OF THE FOLLOWING:

1. Certificate of Completion
2. Quiz to be given participants
3. Instructor evaluation card

FOR DEPARTMENT USE ONLY

- ☐ CD ☐ IR
☐ HOURS OF INSTRUCTION
☐ APPROVED INSTRUCTORS
☐ CLASS SCHEDULE
☐ QUIZ
☐ COST TO PARTICIPANT
☐ COURSE OUTLINE
☐ MATERIALS/SAMPLES

- ☐ CERTIFICATE OF COMPLETION
☐ Date of Course
☐ Title of Course
☐ Location of Course
☐ Sponsor Name
☐ Number of Hours
☐ Attendee's Name and License Number
☐ Instructor Name(s)

- ☐ EVALUATION CARD
☐ Date of Course
☐ Title of Course
☐ Location of Course
☐ Instructor Name(s)
☐ Poor, Fair, Good, etc.

☐ DENIED DATE: _____ REASON: _____
☐ APPROVED DATE: _____ BY: _____ EFFECTIVE FROM: _____ TO: _____